GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH – HEALTH REGULATION AND LICENSING ADMINISTRATION

NEW LICENSE APPLICATION
BOARD OF AUDIOLOGY & SPEECH LANGUAGE PATHOLOGY
AUDIOLOGY APPLICATION

Please read instructions before completing this form. If you have any questions, call HRLA Customer Service at **1-877-672-2174**, Monday through Friday, 8:15AM to 4:45PM. **A charge of $65.00 will be imposed for dishonored checks (Public Law 89-208)**

SECTION 1. REQUESTED LICENSE TYPE/FEES (includes non-refundable application fee – see instructions)

☐ **AUD- Audiology by Examination** $ 264.00

☐ **AUD- Audiology by Endorsement** $ 264.00

☐ **Criminal Background Check** To schedule an appointment go to (https://dchealth.dc.gov/node/120532 or call **877-614-4364**

☐ **Duplicate Licenses (limit 5)** _____ **X $34.00** = $ ____.00

Total Enclosed **$ ____.00**

Make check or money order payable to **D.C. TREASURER.**

MAIL TO:
Department of Health
Health Regulation and Licensing Administration
Board of Audiology and Speech-Language Pathology
899 North Capitol Street, NE, 1st Floor
Washington, DC 20002

HPLA ONLY		
Check $	**Check #**	**Staff**
$ _ _ _ .00		

SECTION 2. APPLICANT NAME/DEMOGRAPHIC INFORMATION

Enter your name exactly as it should appear on the license. If your name has changed at any point since you first attended college or any university, please complete Section 4 on page 2. You must also provide a copy of a legal name change document for EACH time that it has changed. Acceptable documents are marriage certificates, divorce decrees, or court orders.

FIRST NAME | MI | LAST NAME | SUFFIX (Jr, Sr, etc.)

SOCIAL SECURITY NUMBER
If applicant does not provide a social security number, a sworn affidavit is required.

M M – D D – Y Y Y Y
DATE OF BIRTH

PLACE OF BIRTH
Provide city and state if born in U.S.A. or country if born outside the U.S.A.

☐ Male ☐ Female
GENDER
Please check the correct box.

SECTION 3. SUPPORTING DOCUMENTS REQUIRED

Please indicate the supporting documents you have included with this package **or** requested to be sent to the Board Audiology and Speech-Language Pathology. Keep a photocopy of all supporting documents for your records.

			HPLA ONLY
A.	Two recent and identical passport-type photos of the applicant's face (approx. 2"X2") with applicant's name printed on the back. The photos must be original photos and cannot be computer-generated copies or paper copies.	YES ☐ NO ☐	☐
B.	Official transcript from educational institution showing proof of receipt of a Masters or Doctoral degree in Audiology must be submitted directly from the institution.	YES ☐ NO ☐	☐
C.	If applying by Examination: Proof of completion of supervised experience in Audiology or proof of ASHA or ABA certification.	YES ☐ NO ☐	☐
D.	1) If applying by Examination: Proof of passing National Examination within 5 years; or 2) If the applicant took the exam more than 5 years ago, then proof that the applicant has practiced Audiology for a total of 3 years of the 5 years prior to this application and proof of ASHA or ABA certifications; or proof of National Examination must be submitted.	YES ☐ NO ☐	☐
E.	All transcripts and supporting documentation in a language other than English shall be translated by a service that will attest to its accuracy.	YES ☐ NO ☐	☐
F.	If licensed in other jurisdictions, the applicant shall submit a verification of licensure from each jurisdiction where the applicant is licensed to practice audiology.	YES ☐ NO ☐	☐
G.	Copies of legal documents supporting all name changes (if applicable).	YES ☐ NO ☐	☐
H.	Photocopy of Government Issued ID	YES ☐ NO ☐	☐

Revised: 09/5/2019

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SECTION 4. PREVIOUS NAMES

If your name has changed at any point since you first attended college or any university, you must provide a copy of a legal name change document for EACH time that it has changed. Acceptable documents are marriage certificates, divorce decrees, or court orders.

Changed to current name by: ☐ Marriage ☐ Divorce ☐ Court Order ☐ Spouse Death Certificate

FIRST NAME MI LAST NAME SUFFIX (Jr, Sr, etc.)

Changed to current name by: ☐ Marriage ☐ Divorce ☐ Court Order ☐ Spouse Death Certificate

FIRST NAME MI LAST NAME SUFFIX (Jr, Sr, etc.)

Changed to current name by: ☐ Marriage ☐ Divorce ☐ Court Order ☐ Spouse Death Certificate

FIRST NAME MI LAST NAME SUFFIX (Jr, Sr, etc.)

Changed to current name by: ☐ Marriage ☐ Divorce ☐ Court Order ☐ Spouse Death Certificate

FIRST NAME MI LAST NAME SUFFIX (Jr, Sr, etc.)

SECTION 5A. HOME ADDRESS

Even if you have a P.O. Box, a street address should also be provided, if applicable.

☐ APARTMENT ☐ SUITE ☐ FLOOR ☐ PO BOX NUMBER

HOME STREET ADDRESS 1 (If applicable, use this line for additional building information. Otherwise, use this line to indicate STREET NUMBER and STREET NAME)

HOME STREET ADDRESS 2 (If additional space is needed, use this line to indicate STREET NUMBER and STREET NAME)

CITY

STATE ZIP CODE + 4

HOME PHONE NUMBER HOME FAX NUMBER E-MAIL ADDRESS **(REQUIRED)**

SECTION 5B. BUSINESS ADDRESS

Please note: This information will be made available to the public.

COMPANY NAME

☐ APARTMENT ☐ SUITE ☐ FLOOR ☐ PO BOX NUMBER

BUSINESS STREET ADDRESS 1 (If applicable, use this line for additional building information. Otherwise use this line to indicate STREET NUMBER and STREET NAME)

BUSINESS STREET ADDRESS 2 (If additional space is needed, use this line to indicate STREET NUMBER and STREET NAME)

CITY

STATE ZIP CODE + 4

BUSINESS PHONE NUMBER BUSINESS FAX NUMBER E-MAIL ADDRESS

SECTION 5C. PREFERRED MAILING ADDRESS

Indicate your preferred mailing address by placing an “X” in the appropriate box. This will be the address to which all future licensing documents will be mailed. The address that will appear on your license will be your business address.

☐ HOME ☐ BUSINESS

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SECTION 6A. PROFESSIONAL SCHOOLS ATTENDED

List all professional schools that you have attended, in reverse chronological order, beginning with the most recent at the top.

School Name, City, State, Country	Number of Hours Completed	Date of Graduation	Type of Degree/Certificate

SECTION 6B. POSTGRADUATE WORK EXPERIENCE

List all work experience since graduation from professional schools, in reverse chronological order, beginning with the most recent.

Organization/Institution	Location	Start Date	End Date	Type of Position (Use Key Below)*	Full Time	Part Time

* TYPE OF POSITION KEY

A. Employment
B. Private Practice
C. Clinical Rotations
D. Instructor
E. Training
F. Other (specify on separate sheet of paper)

SECTION 6C. PROFESSIONAL LICENSES IN OTHER STATES/JURISDICTIONS

List all states and jurisdictions in which you have ever held a license. Provide letters of verification from all states of licensure regardless if active, inactive, or expired.

Jurisdiction	Date License Was First Obtained	License Number

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SECTION 7. QUESTIONS – Applicants MUST answer all of the following questions.

Please answer all of the following questions by placing an "X" in the appropriate boxes. If you answer "Yes" to any question, you must provide full information and complete details **on a separate sheet of paper, including copies of relevant court documents,** and attach them to this application.

			HPLA ONLY
A.	**Clean Hands Before Receiving a License or Permit Act of 1996 Certification Form Requirement.** Please read the information below carefully before responding to this question, as **any false information provided requires that the Department of Health proceed immediately to deny or revoke your License or Permit** for which you are now applying, and fine you one thousand dollars ($1,000.00), pursuant to D.C. Official Code § 47-2864 (2001). IF YOU ANSWER "YES" TO THIS QUESTION, PLEASE SUBMIT PROOF OF THE ARRANGEMENTS YOU HAVE MADE TO PAY THE OUTSTANDING DEBT. IF YOU DO NOT HAVE AN APPROVED PAYMENT SCHEDULE TO PAY THE AMOUNT YOU OWE OR IF NO APPEAL IS PENDING, THE LAW REQUIRES THAT YOUR RENEWAL APPLICATION BE DENIED. As of this date, do you owe more than one hundred dollars ($100.00) to the District of Columbia Government as a result of any of the following: Yes ☐ No ☐ 1. Fines, penalties, or interest assessed pursuant to D.C. Official Code Title 8, Chapter 8 (Litter Control Administrative Act of 1985); 2. Fines or interest assessed pursuant to D.C. Official Code Title 8, Chapter 9 (Illegal Dumping Enforcement Act of 1994); 3. Fines, penalties, or interest assessed pursuant to D.C. Official Code Title 2, Chapter 18 (Civil Infractions Act of 1985); 4. Past due taxes; 5. Past due District of Columbia Water and Sewer Authority service fees; or 6. Fines or penalties assessed pursuant to D.C. Official Code Title 50, Chapter 23 (Traffic Adjudication)? The information presented above is in compliance with the requirement to submit with your application for licensure or permit under the *Clean Hands Before Receiving a License or Permit Act of 1996*, effective May 11, 1996 (D.C. Law 11-118, D.C. Code §47-2861 et seq.).	YES ☐ NO ☐	
B.	Have you ever been arrested, convicted or investigated for a crime or misdemeanor (other than minor traffic violations) not previously reported to the Board?	YES ☐ NO ☐	☐
C.	Are you now or have you ever been licensed in DC or any other state/jurisdiction? *(If "Yes," be sure to complete Section 6C of this form.)*	YES ☐ NO ☐	☐
D.	Have you ever been party to a malpractice action or had a malpractice action brought against you?	YES ☐ NO ☐	☐
E.	Have you ever voluntarily surrendered a license after formal charges have been filed against you or while under investigation?	YES ☐ NO ☐	☐
F.	Have you ever been terminated from or resigned from a clinical or professional training program?	YES ☐ NO ☐	☐
G.	Do you have a physical or medical condition that currently impairs your ability to practice your profession?	YES ☐ NO ☐	☐
H.	Has the use of drugs and/or alcohol resulted in an impairment of your ability to practice your profession?	YES ☐ NO ☐	☐
I.	(1) Have you withdrawn an application (in D.C. or any other state/jurisdiction) to practice your profession? (2) Has any authority or peer review board taken adverse action against your license or privileges? (3) Are you currently under investigation or were you investigated by any authority or peer review board for any violation of state, federal, or local law? (4) Has any authority or peer review board informed you of any pending charges(s) or investigation not previously reported to this Board?	YES ☐ NO ☐ YES ☐ NO ☐ YES ☐ NO ☐ YES ☐ NO ☐	☐
J.	Have you ever been terminated or asked to resign from employment since obtaining your (professional) license?	YES ☐ NO ☐	☐

SECTION 8. LICENSEE APPLICATION ATTESTATION AND SIGNATURE

I hereby attest that the information given in this application, including all writings and exhibits attached hereto, is true and complete to the best of my knowledge. I understand that the making of a false statement on this application, including all writings and exhibits attached hereto, is punishable by criminal penalties.

LICENSEE SIGNATURE	NAME (Please Print)	DATE	HPLA ONLY
			☐